



State of Tennessee
Department of Commerce and Insurance
Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243-1141
615-741-2550 or 888-453-6150
www.tn.gov/commerce/boards/tnsba

Instructions:

This application is for new firms or new locations only. If a registered firm exists and changes are to be made to that firm, please contact the Board Office for instructions on making changes to an existing firm.

All application packets for a Tennessee CPA Firm license must contain the following completed forms:

- The Initial Application Form
- The Firm Ownership, CPA Employees & Other State License Confirmation Form
- The Experience Affidavit for Office/Firm Permit

Please NOTE:

If the firm is a LLP, LLC, Corporation, PC or PLLC the Secretary of State's Registration of Business Charter must be included in the application packet.

If the firm indicates Attest Services will be performed, the firm must be enrolled in a Board approved Peer Review Program within the first 30 days of licensure.

If the firm indicates Attest Services will not be performed, the application packet must contain a completed Request for Exemption from Peer Review Affidavit.

Mailing Address:

Tennessee State Board of Accountancy
500 James Robertson Parkway
Nashville, TN 37243

Phone: 888-453-6150 or 615-741-2550



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Firm Registration Fee: \$50.00

Firm ID Number: _____
(Assigned by TNSBA)

Lic. Approval Date: _____

INITIAL APPLICATION FOR: REGISTERED ACCOUNTING FIRM

Applications for registration must be received within 30 days of beginning operation

Firm Name _____

Phone Number (____) _____ Fax (____) _____ E-Mail _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Organization Type: Sole Proprietorship Partnership *LLP *LLC *Corporation *PC *PLLC
(Circle One)

*Must attach Secretary of State's registration of business charter

Circle All Services Firm plans to perform: Audits Reviews Compilations SSARS 8 Agreed-upon Procedures
No Reports Taxes

If your office performs attest services, you must have a peer review performed once every three (3) years.

Circle Peer Review Program in which Firm Plans to enroll: AICPA TSCPA EXEMPT*
*Request for exemption must be submitted with application

List each CPA who is responsible for supervising attest services and signs or authorizes someone to sign the accountant's report on the financial statements on behalf of the firm (each person listed must complete experience affidavit):

Has the firm been subjected to disciplinary action by any governmental or professional agency? YES* NO

*If Yes, please provide additional documentation to the Board office

If you have an existing firm, list Name and License Number.

Lic. No. _____

Will the existing firm be continued or closed? Circle one: Continue Close

Signature _____

Date _____

Firm Ownership, CPA Employees & Other State License Confirmation Tennessee State Board of Accountancy

500 James Robertson Parkway, Nashville TN 37243

Must be completed by all firms for initial licensure and all firms (other than those held as sole proprietorships with no CPA employees) at license renewal.

Provide information for all 4 sections of the form – using Not Applicable or N/A if the area does not apply to your firm.

Complete the following table for all CPA Owners regardless of state of licensure or residency:

Name	Address	CPA Lic. No.	State	Percent Interest Own	Vote	Attest Yes/No

Complete the following table for all NON-CPA Owners regardless of state of licensure or residency:

Name	Address	Percentage of: Work Time Own Vote		

Complete the following table for CPA Employees regardless of state of licensure or residency:

Name	Address	CPA Lic. No.	State	Attest Yes/No

Complete the following table concerning other state CPA Firm Licenses:

State	Permit #	Applied	Granted	Denied	Revoked	Suspended

Print Firm Name

TN Firm No.

Signature Resident Manager

Date

EXPERIENCE AFFIDAVIT FOR OFFICE/FIRM PERMIT

(Must be Completed and Submitted with Initial Firm Application No Matter What Services are to be Performed)

Last Name	First Name	Middle Initial	Maiden Name
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Address:	Street	City	State	Zip
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The applicant is (was) employed by

Beginning _____ to _____ (Do NOT state "to present")

The employer was (circle one): Government Entity CPA Firm Private Entity

Other _____

If other, please describe:

Provide Dates (to and from) for the Following Experiences – Each experience must be noted (even if attest work is not to be initially provided by the firm). If there is no experience in a certain area put "None" do not put N/A.

Financial Audits _____ Reviews _____

Internal Financial Audits _____ Compliance Audits _____

Compilations _____

ATTESTATION:

I so swear (affirm) that the information contained in this self-affidavit is true, correct and complete.

Signature

Date

Printed Name

CPA Certificate/License Number



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Affidavit: Request for Exemption from Peer Review

The Tennessee State Board of Accountancy must approve your request to be exempt from the Peer Review requirement. Once approved, you will not be required to have a Peer Review. However, if you plan to perform any compilation, review or audit services after the date of this form, you must notify the Board of the work to be performed and enroll in an approved Peer Review Program. The Peer Review Program with which you enroll must then notify the Board of your enrollment. Failure to comply will result in a formal complaint being filed with the Board against your firm.

Please indicate at the bottom of this form that you are in agreement with these Board requirements and return it to our office with your firm application.

With my firm application I am requesting an exemption from the Tennessee State Board of Accountancy's Peer Review requirement and if in the future I plan to provide any compilation, review or audit services, I agree to enroll in a Tennessee State Board of Accountancy approved Peer Review Program. I further agree that I will have the first compilation, review or audit report issued reviewed by that approved Peer Review Program and after that review will have a Peer Review every three years.

Firm Name Lic. No. (if applicable)

Resident Manager Signature Date

Sworn and subscribed Before Me this the _____ day of _____ 20____

(Notary Seal)

Notary Signature

My Commission Expires:_____